EDISON BUILDING USAGE/ACTIVITY
MASTERCALendar REQUEST

Complete the following form and return it to room 2 at least two weeks prior to event/activity. If form is not complete, it will be returned to the applicant. After approval/non-approval, a copy of the form will be returned to the applicant. Please initial here that you have checked the master calendar for availability of the facility. NO other events or rehearsals are scheduled during the time you are requesting. 

1. Organization and teacher/employee requesting building usage.
   ________________________________

2. Type/purpose of activity/event
   _____meeting _____assembly _____rehearsal _____other (please specify)

3. Title of event_______________________________________________________

4. Description of event (be specific)
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

5. Dates requested _______________ to ______________________

6. Time of event_____________ to ________________

7. Time before and after needed for set-up / clean-up______________ to _________________

8. Areas/room number requested___________________________________

9. Custodial services requested (check all that apply):
   _____front doors unlocked at _____am/pm
   _____bathrooms needed
   _____lighting (where?)
   _____table
   _____chairs
10. Technical services requested (check all that apply):
   _____ microphone (s)
   _____ screen
   _____ laptop
   _____ projector
   _____ podium – (please circle) stage right stage left center stage
   _____ orchestra pit
   _____ stage – (please circle) entire in front of screen only
   _____ music or other sound effects
   _____ lighting - please indicate where you need lighting and if there will be lighting changes during event, including use of house lights. (Please remember that our house lights need 15 minutes to warm up after they have been turned off to be turned back on. We do not currently have a follow spot.)

11. Approximate number of people in attendance __________________

Signature of person requesting approval ________________________________

Contact information of person requesting approval. THIS MUST BE COMPLETED FOR APPROVAL.
Phone (If giving the school number, be sure to give extension):
Address:
E-mail address:

RETURN TO MRS. GRIFFIN IN ROOM 2 AT TWO WEEKS PRIOR TO EVENT